



AF ZPW
1648

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Alicia Falkenbach

Name Alicia Falkenbach

Signature July 22, 2005

Date of Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Scott et al.

Examiner: Laurie A. Scheiner

Filed: June 4, 2001

Art Unit: 1648

Serial No. 09/873,881

For: Recombinant Multivalent Viral Vaccine

RESPONSE

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

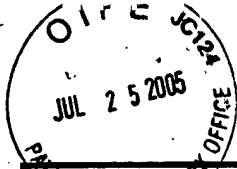
This communication is in response to the Office Action dated February 22, 2005.

Remarks begin on page 2 of this paper.

07/26/2005 EFLORES 00000090 09873881

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450.00 OP



FEE TRANSMITTAL For FY 2005 Effective on 12/08/2004 Fees pursuant to Consolidated Appropriations Act. 2005 (H.R. 4818)	Complete if Known	
	Application Number	09/873,881
	Filing Date	June 4, 2001
	First Named Inventor	Scott, et al.
	Examiner Name	Scheiner, Laurie A.
■ Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1648
TOTAL AMOUNT OF PAYMENT \$450.00	Attorney Docket No.	18617.0075

METHOD OF PAYMENT (check all that apply)

- Check □ Credit Card □ Money Order □ None □ Other (please identify): _____
- Deposit Account Deposit Account Number: 08-2442 Deposit Account Name: Hodgson Russ LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) ■ Credit any overpayments under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
-20 or HP = _____ x _____ = _____				
HP = highest number of total claims paid for, if greater than 20				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
-3 or HP = _____ x _____ = _____				
HP = highest number of independent claims paid for, if greater than 3				

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)

Non-English Specification,	\$130 fee (no small entity discount)	Fees Paid (\$)
Other: <u>Response to Office Action filing fee</u>		\$450.00

SUBMITTED BY		
SIGNATURE		Registration No. (Attorney/Agent) 50,846
NAME (Print/Type)	John D. Lopinski	Telephone 716-856-4000
		Date July 22, 2005

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